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ABSTRACT

This booklet addressed to parents provides information on seven serious childhood diseases and the vaccines that can provide protection for each. A description of the causes, symptoms, natural course and possible complications of each of the seven diseases--measles, polio, rubella or German measles, mumps, diptheria, pertussis or whooping cough, and tetanus--is followed by information on appropriate vaccination. The possible side effects of vaccination for each disease are dealt with in some detail. A suggested immunization schedule is included. (CM)

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PARENTS' GUIDE TO CHILDHOOD IMMUNIZATION

- MEASLES
- POLIO
- RUBELLA (German Measles)
- MUMPS
- DIPHTHERIA
- PERTUSSIS (Whooping Cough)
- TETANUS

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service

HOW IMMUNIZATION WORKS

Small quantities of the organisms that cause a disease (or of materials produced from those organisms) are made into vaccines. These vaccines are injected into the body or are taken by mouth. The body reacts by producing disease-fighting substances—antibodies—that build up in the system and guard against infection for a long time, often for a lifetime. Thus, immunization stimulates the body to defend itself against a particular disease.

CHILDREN AND IMMUNIZATION

Babies are immune to many diseases when they are born. But this immunity, which they received from their mothers, is only temporary. It wears off during the first year of life. That's why immunization programs, which help young bodies build their own, permanent defenses against disease, should be started early and carried out faithfully.

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October 1977

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A WORD TO PARENTS

Of the 52 million children in the United States who are under the age of 15, more than 20 million have not been immunized against one or more of the childhood diseases. In other words, almost 40 percent of our children are in danger of catching seven serious diseases: measles, polio, rubella (German measles), mumps, diphtheria, pertussis (whooping cough) and tetanus.

It is important that parents understand what can happen when their children are not fully immunized. The childhood diseases can, and do, cause crippling and, sometimes, death. No matter what you may have heard, these illnesses *are* serious. Their complications can be terrible.

With the exception of tetanus, these diseases are very contagious. They spread, more rapidly than most people realize, from child to child and from community to community. As long as millions of children remain unprotected against them, serious outbreaks of disease —even epidemics—will continue to occur.

It is also important that parents understand what protection vaccines give and what risks, if any, vaccines pose to their children. Generally, vaccines are among our safest and most effective medicines. Each year, about 100 million doses are given in this country, most of them to infants and children

as part of their routine immunizations.

Like most medicines, however, vaccines can cause side effects. These are usually mild—a slight fever, a sore arm, a mild rash—and of brief duration. But on rare occasion they are serious, which is why vaccines should be given only by physicians or other qualified health professionals.

The Public Health Service and the overwhelming majority of medical experts in this country and abroad believe that the benefits of complete immunization far outweigh the risks. The Service strongly recommends that all healthy children be immunized against all of the vaccine-preventable, childhood diseases. Are your children fully protected? If not, what should you do about it?

The decision to have your children vaccinated is yours, alone, to make. The purpose of this booklet, which discusses the things you should know about seven dangerous diseases and the vaccines that can prevent them, is to help you make that decision on the basis of accurate information.

Please read the material on the following pages and discuss any questions you have with your doctor or with the staff at the health department clinic. Learn all you can about the serious diseases of childhood. Then, make certain that your children are protected.

MEASLES

Measles, also called rubeola, red measles, hard measles and 9- or 10-day measles, is the most serious of the common childhood diseases. Measles (not to be confused with rubella, or German measles; see page 12) can cause pneumonia, blindness and encephalitis, or inflammation of the brain, which often leads to permanent brain damage and deafness.

Measles is most likely to occur in the late winter and spring. Although it usually strikes young children above the age of six months, medical experts report that measles, and the other so-called childhood diseases, as well, are occurring progressively later in life, with outbreaks in high schools and even in colleges.

Usually, measles lasts about two weeks. It begins with symptoms like those of a bad cold and a temperature that may rise as high as 104 degrees. A few days after the beginning of symptoms, a blotchy, red rash appears on various parts of the body. This rash fades away, gradually, over a period of seven to ten days.

The complications of measles are another matter. As many as three out of very 10 cases of measles result in pneumonia. Encephalitis occurs once in every 1,000 reported cases. And, year after year, there is one death for every 1,000 cases of measles reported to the Public Health Service.

People catch measles by breathing in particles of the measles virus that an infected person has expelled while coughing, sneezing or simply talking. So highly contagious is this disease that in the early 1960's, before a vaccine was available, measles struck hundreds of thousands of children each year and caused a great many deaths. In 1964, there were 485,083 reported cases in the United States and at least 421 deaths.

During the following decade, the introduction and widespread use of the new measles vaccine brought about a tremendous reduction in measles cases in all parts of the country. In 1974, only 22,094 cases and 20 deaths were reported to the Public Health Service.

Unfortunately, there has not been a continuing decline in the incidence of measles. Following a slight increase in 1975, measles incidence jumped a startling 62 percent in 1976, from the 24,374 cases reported in 1975 to a 1976 total of 41,126 cases. And communicable disease experts, who tracked outbreaks in several parts of the nation this past spring, predict that as many as 60,000 cases will be reported in 1977.

Why is measles threatening again? Because millions of American youngsters have not been immunized against it. At present, more than 13 million children, or 30 percent of all children under the age of 14, have not been vaccinated. These children can catch measles and suffer its disabling complications. They can spread the disease to others who have never been immunized. As long as all of these children remain unprotected, the communities in which they live will remain wide open to outbreaks of this potentially tragic disease.

Another sobering point: more than four million of the 13 million unprotected children are four years of age and younger. The serious complications of measles strike hardest in this age group.

Measles Vaccination

All healthy children who have never had measles should be vaccinated at the age of 15 months. The vaccine, first licensed for use in 1963, is very effective, and one injection produces long-lasting, probably lifelong, protection. Measles vaccine can be given by itself or in a combination vaccine that also protects against rubella and mumps. One shot of the combination vaccine protects the child against all three diseases.

Until recently (1976), measles vaccine was given at or before 12 months of age, rather than at 15. Doctors now believe that vaccination at 15 months gives much better immunity. Therefore, if your children were immunized before their first birthdays, your doctor probably will want to give them a second

shot, to make sure that they have the best possible protection.

Possible Side Effects of Vaccination

One out of every four children who receive measles vaccine will have a minor reaction—a slight fever or a mild rash. These common reactions occur seven to eighteen days after vaccination, last only a day or two and usually do not harm the child in any way.

Although experts are not sure, it seems that about one out of every one million children who get the measles shot may have a more serious reaction, such as encephalitis (inflammation of the brain). Parents should be aware of this possibility but not alarmed by it. Serious reactions are extremely rare. Medical authorities agree that the benefits of immunization against measles far outweigh any risks.

POLIO

Poliomyelitis (infantile paralysis) is a contagious viral disease that, in its severe form, can cause permanent paralysis. Although it occurs only rarely today, thanks to the widespread use of vaccines, polio is fatal in about one out of every ten cases. Polio is an extremely dangerous disease, and every parent should know about it.

Polio is caused by three types of virus that live in the noses, throats and, especially, in the intestinal tracts of infected people. Type I virus is the most frequent cause of illness and paralysis. Virus Types II and III are milder and do not usually cause outbreaks. Polio occurs most often in children between the ages of one and sixteen. Many people who are infected by the polio virus have no symptoms but may still spread the disease to others.

The milder forms of polio usually begin abruptly and last, at most, a few days. When symptoms are present, they include fever, sore throat, nausea, headache and stomach ache. Sometimes, the patient will feel pain and stiffness in the neck, back and legs.

Paralytic polio begins with these same symptoms, but severe muscle pain is usually present, and if paralysis occurs, it does so within the first week.

There is no specific treatment for polio, and the degree of recovery varies from patient to patient.

About half of all patients who recover have mild disabilities or none at all. The rest may suffer permanent paralysis, much of it severe. As noted earlier, paralytic polio is fatal in about ten percent of all cases.

A quarter of a century ago, polio was a fairly common disease, much feared by parents of small children. With the development of the first polio vaccine, in 1954, this picture began to change. Over the next 20 years, as this vaccine gained acceptance and as the newer, oral vaccine (first licensed in 1961) came into use, the number of cases of paralytic polio plummeted, from 18,000 in 1954 to seven in 1974. Last year, just nine cases were reported to the Public Health Service.

It is tempting to view the data from recent years as proof that polio is no longer a threat. The fact is, however, that while polio cases may be few in number today, the outlook for tomorrow is ominous. Over the past several years, even as case rates have dropped, the number of children not protected against polio has increased. Today, almost 19 million children, or 36 percent of all youngsters 14 years of age and under, are inadequately immunized against this once-feared disease. When children are not protected, polio can strike and spread.

In an 18-day period in the fall of 1972, paralytic polio invaded a private boarding school in New England, infecting 11 of the school's 128 students. Medical experts who investigated the outbreak found that more than half of the student body, including ten of the children who became ill, had never been immunized against polio. Although the outbreak took no lives, seven of the eleven infected youngsters were left with significant to severe paralysis.

Polio Vaccination

All healthy infants and young people between the ages of six weeks and 18 years who have never been immunized against polio should receive polio vaccine in a series of properly spaced doses. Two kinds of vaccine are available.

The preferred and most widely used vaccine is the trivalent oral polio vaccine, which is made from live but weakened polio virus and is taken by mouth. This vaccine is effective in preventing the spread of polio and gives protection for a long time, probably for life.

The second kind of polio vaccine is made from killed polio virus and is given in a series of injections. This vaccine is not widely used in the U.S. at this time, mainly because most polio experts do not feel that it is as effective in controlling polio in this country as the

oral vaccine. Injectable polio vaccine is most often recommended for persons who have low resistance to infections and for individuals who will be traveling to a place where polio is common.

As noted above, oral polio vaccine is preferred by most polio experts at this time. Young children should get two doses of oral vaccine in the first year of life, usually at two and four months of age, and a third dose at about 18 months of age. Some doctors, particularly in parts of the world where polio is still common, give three doses in the first year, at two, four and six months, and a dose at 18 months. To assure full and long-lasting protection, a booster dose should be given at four to six years of age, before the child enters school.

Older children who are getting their first oral vaccine should receive three properly spaced doses. (See the immunization schedules for infants and older children at the back of this booklet.)

Possible Side Effects of Vaccination

There is virtually no risk of side effects of any kind with injectable polio vaccine. Very rarely—only about once in every four million does—a person who receives oral polio vaccine or who comes in contact with someone who has received it recently develops permanent paralysis and may die.

If you have any questions about polio or polio vaccines, you should not hesitate to discuss them with your doctor or with the people at the health department clinic. Like most other vaccines, the oral polio vaccine carries with it an element of risk. But, as you can see, the chances of your child having a serious reaction to the oral polio vaccine are very rare—literally one in four million. We take a far greater risk with the health of our children when we allow them to go unprotected against polio.

RUBELLA

Rubella, also called German measles and 3-day measles, is a common, usually mild disease of childhood, although it may also affect adults, and outbreaks are common among unvaccinated teenagers. Rubella occurs most often in the winter and spring and is highly contagious. People catch it by breathing in particles of rubella virus that sick people have expelled.

The usual symptoms of rubella are mild discomfort, a slight fever for perhaps 24 hours and a rash that appears on the face and neck and lasts for a day or two. Young adults who get rubella may experience swollen glands in the back of the neck and some temporary pain and stiffness in the joints (arthritis).

Recovery from rubella is almost always speedy and complete. However—and here's why this otherwise mild disease is so dangerous—a woman who gets rubella early in her pregnancy stands a 20 to 25 percent chance of giving birth to a deformed baby. The possibility that she will have a miscarriage is even greater.

Although rubella occurs all over the country each year (12,090 cases in 1976), the last big epidemic was in 1964. As a result of that epidemic, some 20,000 babies were born in this country with severe birth defects, and an estimated 30,000 women had miscarriages.

The most common birth defects caused by the rubella virus are blindness, damage to the heart and major arteries, deafness, abnormally small brains and mental retardation. The best way to protect expectant mothers and their offspring from these tragic effects is to immunize children and thereby eliminate the source of infection. The child who can't catch rubella can't spread it, to his or her mother or to other pregnant women.

At present, more than 14 million children, or 35 percent of all children 12 years of age and under, have not been immunized against rubella.

Rubella Vaccination

All healthy children who have never had rubella should be vaccinated after their first birthday. The vaccine, which has been in use since 1969, is highly effective, and one injection produces long-lasting, probably lifelong, protection.

Rubella vaccine is available by itself or in a combination vaccine that also protects against measles and mumps. A single shot of the combination vaccine, which is given at 15 months of age because it includes measles vaccine, protects the child against all three diseases.

Rubella vaccine should be given to nearly anyone who is not already protected against the disease, particularly to young girls. But it should not be given to pregnant women or to women who do not intend to take every precaution against becoming pregnant for three months after vaccination. It is possible that the rubella vaccine might cause the same kinds of problems for a pregnant woman that rubella disease does.

Possible Side Effects of Vaccination

Rubella vaccine can produce several side effects. About one out of every seven children will develop a rash or some swelling in the glands within a week or two following the shot. These effects usually last only a day or two.

About one out of every 20 children and as many as one out of four adults who receive the vaccine will have some pain and stiffness in the joints. This condition may appear anywhere from two to ten weeks after the shot. It is usually mild and lasts for only two or three days.

Although experts are not sure, it seems that about one out of every one million children who receive rubella vaccine may have a more serious reaction, such as encephalitis (inflammation of the brain). Parents should be aware of this possibility but not alarmed by it. Serious reactions are extremely rare. Medical authorities agree that the benefits of immunization against rubella far outweigh the risks.

MUMPS

Mumps is a common disease of children that occurs most often in the first half of the year, from late winter to early summer. In 1976, almost 38,000 cases were reported to the Public Health Service.

Like other preventable childhood diseases (except tetanus), mumps is contagious. The mumps virus is spread by person-to-person contact. The favorite targets of this virus are children between the ages of five and ten, but mumps is no respecter of age. It also strikes teenagers and adults, often with serious effect.

Painfully swollen glands in the face and neck, fever, headache, earache: these are the symptoms of mumps. Usually, there are no disabling complications, and recovery is complete. Inflammation of the covering of the brain (meningitis) or of the brain, itself (encephalitis), occurs frequently, however. As many as one in every seven to nine children with mumps may show signs of these complications. However, most patients recover fully and permanent damage, including deafness, occurs very rarely.

In teenage and adult males, mumps may produce a painful inflammation of the testicles. This condition occurs in one case out of every four and sometimes (but rarely) results in sterility. Some other complications of mumps are

inflammation of the pancreas, thyroid and kidneys and, in female patients, inflammation of the ovaries and breasts.

Today, nearly 25 million children, or more than half of all children 13 years of age and under, have not been immunized against this painful but easily prevented disease, mumps. Are your children protected?

Mumps Vaccination

All healthy children who have never had mumps should be vaccinated after their first birthdays. The vaccine, which has been in use since 1967, also can be given to older children and adults. It is highly effective, and one injection produces long-lasting, probably lifelong, protection.

Mumps vaccine is available by itself or in a combination vaccine that also protects against measles and rubella. One shot of the combination vaccine, which is given at 15 months of age because it includes measles vaccine, protects the child against all three diseases.

Possible Side Effects of Vaccination

Mumps vaccine produces a mild, brief fever in very rare instances. This fever may occur one or two weeks after the shot. Occasionally, there is some swelling of the salivary glands.

Although experts are not sure, it seems that about one out of every one million children who get the mumps shot may have a more serious reaction, such as encephalitis (inflammation of the brain). Parents should be aware of this possibility but not alarmed by it. Serious reactions are extremely rare. The disease, itself, however, can be painful and disabling. This is why medical authorities agree that the benefits of immunization against mumps far outweigh the risks.

DIPHTHERIA, PERTUSSIS, AND TETANUS

Diphtheria, pertussis (whooping cough) and tetanus (lockjaw) are serious diseases that usually occur in children, although each, especially tetanus, also strikes adults. Effective protection against these diseases, in the form of a combination vaccine called DPT, has been available and widely used since the early 1950's. Yet, today, nearly 13 million children, or 24 percent of all children 13 years of age and under, are inadequately immunized.

This section discusses diphtheria, pertussis and tetanus, in that order, and describes the benefits and risks of the DPT vaccine.

DIPHTHERIA

Years ago, diphtheria was a widespread and greatly feared disease. Before the turn of the century, 15 out of every 10,000 Americans died of diphtheria each year. Through the 1920's, about 150,000 cases occurred annually, with about 15,000 deaths.

Since that time, the disease has gradually declined. There were 910 cases in 1960, 435 in 1970 and only 146 in 1976. Nevertheless, diphtheria remains a threat in many parts of the U.S. today, and because it is most dangerous in the very young, it is still a disease that parents should know about and have their children protected against.

Diphtheria is caused by a bacterium that is found in the mouth,

throat and nose of an infected person. This germ is easily passed to others in the tiny droplets of moisture that are expelled by coughing or sneezing. Diphtheria also can be spread by carriers—people who harbor the bacteria but remain in apparent good health.

Usually, diphtheria develops in the throat, where a patch or patches of grayish membrane may begin to form. Other early symptoms are sore throat, a slight fever and chills. If the membrane continues to grow, it can interfere with swallowing. If it extends to the windpipe, it can block the passage of air and cause the patient to suffocate.

Diphtheria is a treatable condition, but if treatment is inadequate, or if it is not begun in time, a powerful toxin, or poison, may be produced by the diphtheria bacteria and may spread throughout the body. The poison may cause serious complications such as paralysis that lasts for as long as three or four months, heart failure or broncho-pneumonia. Five to ten percent of all diphtheria cases are fatal.

PERTUSSIS

Pertussis, or whooping cough, as it is more commonly known, is a highly contagious disease that occurs with greatest frequency in late winter and early spring and is most likely to strike children under the age of seven.

Pertussis is caused by a bacterium that is found in the mouths, noses and throats of infected persons and is spread, through the air, to others.

When it begins, pertussis acts like a common cold, accompanied by an irritating cough. As the disease tightens its grip on the airways from the lungs, the cough increases in intensity and occurs in violent and prolonged spasms, with high-pitched whooping sounds between each spasm, as the patient fights to inhale air.

A severe case of whooping cough prepares the way for a range of grave complications, among them convulsions, collapse of the lungs, pneumonia and brain damage. These effects are most likely to occur in the very young, and when they do, they can be fatal. Unless adequate treatment is given early in the course of the disease, one infant in four who gets whooping cough before the age of six months will not survive.

TETANUS

Tetanus, commonly called lockjaw, occurs in children and adults with roughly equal frequency. In 1975, the latest year for which complete data are available, there were 102 cases in the U.S., 45 of which were fatal. Tetanus is a disease that no one can afford to ignore.

Tetanus is caused by a bacterium that is present just about every-

where, but mostly in soil, dust, manure and in the digestive tracts of man and many animals. Tetanus is not transmitted from one person to another. Rather, the germs enter the body through a wound—sometimes one as small as a pinprick, but more often, through deep puncture wounds and lacerations, such as those made by nails and knives. Such wounds are difficult to clean adequately, and if the tetanus bacteria were present on the nail or knife, they may remain deep in the wound, where they thrive and produce poison that attacks the body's nervous system.

The person who has not been immunized against tetanus and in whom the infection develops has, at best, a 50-50 chance of surviving. The first symptoms are likely to be headache, irritability and muscular stiffness in the jaw and neck. As the poison steps up its attack, the jaw, neck and limbs become locked in spasm, the abdominal muscles grow rigid and the body may be wracked by waves of painful convulsions.

Doctors treat the terrible symptoms of tetanus with powerful tranquilizers, anti-spasmodic drugs and special diets that are designed to preserve the patient's strength. Even so, the convulsions may continue or increase in frequency to the point at which the patient dies of lack of oxygen, heart failure or simple exhaustion.

A great many factors determine the outcome of an individual case of tetanus, but even with the best hospital care, about half of all cases are fatal.

DPT Vaccination

The combination DPT vaccine provides a high degree of immunity for a number of years against diphtheria, pertussis and tetanus. But this protection must be renewed periodically, throughout life, with booster doses.

All healthy infants should receive the DPT vaccine, beginning with a series of three shots, at two, four and six months of age. Early immunization is important: these diseases are deadly, and infants have no natural immunity to two of them, pertussis and tetanus.

A fourth dose of vaccine should be given 12 months after the third, at about the age of 18 months; a fifth dose is needed when the child is four to six years old, before he or she enters school. From then on, booster doses for diphtheria and tetanus (protection from whooping cough shouldn't be necessary) are given every ten years, throughout life, to maintain a high level of protection.

Older childen (over six years of age) and adults who have not been immunized should receive a series of shots for diphtheria and tetanus only and booster doses every ten years thereafter. Whooping cough

vaccine is not included in the combination vaccine for older individuals or in the booster doses because this disease is not usually a threat beyond childhood.

Possible Side Effects of Vaccination

Most children will have a slight fever and be cranky sometime in the day or two after taking the DPT shot. Some children will develop soreness and swelling in the area where the shot was given.

About one out of every 7,000 children who get the shot will have a more serious side effect, such as a high fever or a convulsion. A child may also cry for several hours or go into shock and get pale. Still more rarely—about once in every 100,000 doses—encephalitis (inflammation of the brain) or brain damage may occur.

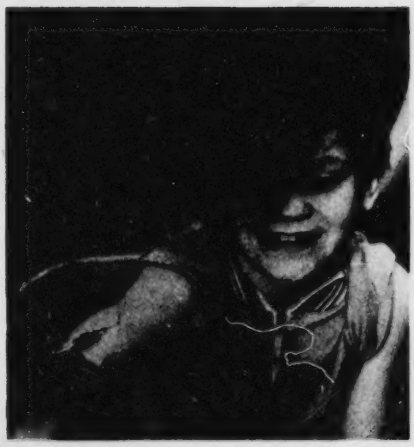
Check with your doctor or with the people at the health department clinic if you have any questions about the DPT vaccine. There are risks associated with its use, as there are with almost any vaccine. But serious reactions are few and far between. Given the deadly seriousness of the diseases that the DPT vaccine prevents, parents have little choice but to make certain that their children are fully protected.

IMMUNIZATION SCHEDULES

Vaccines work best when they are given at the recommended time and on a regular schedule. Measles vaccine, for example, is not usually given to infants before they reach the age of 15 months. When it is given earlier than that, it may not be as effective. Oral polio and DPT vaccines must be given over a period of time, in a series of properly spaced doses. Scheduling is important.

Schedule For Infants

On the following page is a suggested immunization schedule for infants who are being immunized for the first time. This schedule shows all the immunizations that a child should receive, beginning at the age of two months.



Schedules for Older Children

If your children were not immunized when they were infants, contact your doctor or the health department clinic and arrange to start them on immunization programs. Don't delay. More than any other group, active preschool and school-age children need the protection that only immunization provides.

IF YOUR CHILD IS TWO MONTHS OLD . . .

Age	Diphtheria Pertussis Tetanus	Polio	Measles	Rubella	Mumps
2 mos.	*	*			
4 mos.	*	*			
6 mos.	*	*	(optional)		
15 mos.			*	*	*
18 mos.	*	*			
4-6 yrs.	*	*			

Notes:

Measles, rubella and mumps vaccines can be given in a combined form, at about 15 months of age, with a single injection.

Children should receive a sixth tetanus-diphtheria injection (booster) at age 14-16 years.

Your doctor may recommend schedules that differ somewhat from those that appear here. Generally, though, the first schedule, below, shows the immunizations that children one through five will get on their first visit to the doctor and on each visit thereafter. The second schedule is recommended for children six years of age and older.

IF YOUR CHILD IS ONE THROUGH FIVE YEARS OF AGE . . .

First Visit	**Diphtheria, Pertussis, Tetanus (DPT)** **Polio**
1 mo. after first visit	**Measles, Rubella, Mumps***
2 mos. after first visit	**Diphtheria, Pertussis, Tetanus (DPT)** **Polio**
4 mos. after first visit	**Diphtheria, Pertussis, Tetanus (DPT)** **Polio (optional)**
10-16 mos. after first visit	**Diphtheria, Pertussis, Tetanus (DPT)** **Polio**
Age 14-16 years	**Tetanus-Diphtheria (Td)—repeat every 10 years**

*Not routinely given before 15 months of age.

IF YOUR CHILD IS SIX YEARS OF AGE OR OLDER . . .

First Visit	**Tetanus-Diphtheria (Td)** **Polio**
1 mo. after first visit	**Measles, Rubella, Mumps**
2 mos. after first visit	**Tetanus-Diphtheria (Td)** **Polio**
8-14 mos. after first visit	**Tetanus-Diphtheria (Td)** **Polio**
Age 14-16 years	**Tetanus-Diphtheria (Td)—repeat every 10 years**

KEEP IMMUNIZATION RECORDS

Your doctor or the staff at the clinic will keep a record of your children's immunizations, but you should have one, too. An up-to-date record, showing kinds of immunizations and dates received, helps you to cooperate with the doctor. It serves as a reminder of visits coming up—of second and third immunizations and booster doses that you won't want your youngsters to miss. It provides comforting evidence that your family is completely protected against seven serious diseases. From time to time—when your children enter school, for example, or when they enroll in summer camp; when your family changes doctors—this evidence will be good to have.

Your doctor will be happy to provide an immunization record form for you to keep. Most likely, it will look like the one on the opposite page. You can make all the entries on such a form, yourself, of course. An even better idea is to have the doctor date and sign your personal record each time an immunization is given. That way, you can be sure that the information is current and correct.

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IMMUNIZATION RECORD

NAMES				
BIRTH DATES				
DPT	**First**			
	Second			
	Third			
	Fourth			
	Boosters			
POLIO	**First**			
	Second			
	Third			
	Booster			
	Booster			
MEASLES **RUBELLA** **MUMPS**				